

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FILED JUN 19 1945

20497

1. PLACE OF DEATH

County Jackson Registration District No. 151
Township Smith Primary Registration District No. 3573
City Grain Valley (No. _____) St. _____ Ward _____

2. FULL NAME

Dorothy E. Chiddix
(a) Residence, No. (Rural) 1 mil St. S. West Ward Grain Valley Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? No. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM! 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1908
7. AGE YEARS 36 MONTHS 9 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (No social security)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

13. NAME George P. Goodrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Lula Mae

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Claude Chiddix Grain Valley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Burial DATE 6-3-45

19. UNDERTAKER (ADDRESS) Mrs G B Webb 134 E Springs Mo

20. FILED June 7, 1945 Mrs. John Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1945

22. I HEREBY CERTIFY That I attended deceased from Apr 1, 1945 to June 1, 1945

I last saw her alive on May 24, 1945 Death is said to have occurred on the date stated above, at 11:30 Am

The principal cause of death and related causes of importance were as follows:

Bone sarcoma of right thigh Date of onset Mar 1942
H6

Other contributory causes of importance: Mitral stenosis in 2d degree chest & lungs Apr 1942

Name of operation debration Date of _____
What test confirmed diagnosis? Lubner Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury non
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) O. Long M. D.
(Address) Osborne Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1510

OCT 10 1945

OCT 22 1945

I certify that said body was
Embalmed by me — P. B. Webb

No. License No# 2353

Blue Springs Mo